

Date received:	Ranking:

# Part A –Application for Enrolment



## WEST BEECHBORO PRIMARY SCHOOL

NAME OF APPLICANT: \_\_\_\_\_

YEAR LEVEL:                    K   P   1   2   3   4   5   6 (please circle)

YEAR OF START:                \_\_\_\_\_

The form is to be completed in English. If you need help including translation and interpreting services, please ask the school staff about assistance available through the Statewide Services Resource and Information Centre - English as an Additional Language or Dialect (EAL/D) Program. Website: <http://det.wa.edu.au/curriculumsupport/eald/detcms/portal/>

## Parent information about applying to enrol in a Western Australian public school

Thank you for your interest in applying to enrol your child in a Western Australian public school.

Enrolment in a public school is a two-step process.

**Step 1: Enrolment Pack Part A – Application for Enrolment**

Parents lodge an *Application for Enrolment Form* with the school (attached within this pack).

**Step 2: Enrolment Pack Part B – Enrolment (includes Parent information about enrolment in a Western Australian public school and the Enrolment Form)**

If your child is eligible for enrolment, you will be provided with *Parent information about enrolment in a Western Australian public school* and you will be required to complete an *Enrolment Form*.

The school will notify you of the results of your application as soon as possible. The information you have provided will be used by the school once eligibility is confirmed.

Documentary evidence, including court orders relating to your child, may be required to support information supplied. Principals may consult with the Education Regional Office where sufficient evidence has not been supplied. All official records must be in the child's **legal** name. The use of a preferred name may be possible for informal communications.

It is highly recommended not to purchase items such as uniforms until you receive confirmation of enrolment.

The Department's *Enrolment Policy* can be found at <http://www.det.wa.edu.au/policies>.

### DOCUMENTS TO BE PROVIDED

**Checklist:**

Please place an **\*X\*** in the box  to indicate each document attached (or sighted) to this application form.

*\*Note: If you are typing the information into this form, double click the check box and select the radio button under the heading Default value 'Checked' and click OK.*

1. Birth Certificate (original or certified copy) or extract or other identity documents .....   
if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).
2. Australian Immunisation Register (AIR) Immunisation History Statement; or  
AIR Immunisation History Form; or Immunisation Certificate issued by the Chief Health Officer ....
3. Copies of Family Court or any other court orders (if applicable) .....
4. Proof of address (see Requested documentation in the attached Parent information) .....
5. Information relating to suspensions or exclusions .....
6. Information relating to disability.....

*If your child was not born in Australia, you must provide evidence of:*

1. Date of entry into Australia .....
2. Passport or travel documents .....
3. Current visa subclass and previous visa subclass (if applicable) .....

*If your child is a temporary visa holder, you must also provide:*

Confirmation of placement or enrolment for an overseas fee-paying student or evidence of any permission to transfer provided by TAFE International WA .....

**or**

Evidence of the visa for which the student has applied if the student holds a bridging visa

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**Part A**  
**APPLICATION FOR ENROLMENT FORM**  
*(For enrolment in a Western Australian Public School)*

**PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

Child's surname  Legal (if different):	Given names:	Date of birth:	Sex (M / F):
Surname of parent/responsible person:	Given names:	Mr / Mrs / Ms / Other:	
Residential Address (must be completed):			Postcode:
Postal Address (if different from residential address):			Postcode:
Telephone (Home):	Mobile Phone No:		
Work (if convenient):	Email:		
Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the child subject to access restriction? If yes, please specify and attach supporting documentation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Year Level: _____			
Start date: Beginning of school year <b>20</b> ____: <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, indicate start date: _____			
If applicable, year level child currently enrolled in (e.g. Year 4):			
If applicable, name of school at which the child is currently or was last enrolled:			
Immunisation: you are required to provide the school with this information when you apply to enrol your child			
Is the child immunised? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, does the child have an Australian Immunisation Register (AIR) Immunisation History Statement that is not more than two months old? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will there be any brothers or sisters attending this school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name/s and year levels: _____			
Is your child currently under suspension from a school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, name of school: _____			
Has your child ever been excluded from a school? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, name of school: _____			
Is your child a permanent resident of Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, please indicate date entered Australia: _____ Visa Sub Class No.: _____			
What language is spoken most frequently at home: _____			
Does your child have a disability/medical condition? <i>This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child.</i> Please indicate whether:			
<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Other medical condition/s			
Please outline nature of disability/medical condition/s (or attach details)			
Does your child receive funding of any sort? (IE: NDIS). If yes, please advise: _____			
Application for Enrolment approved: _____ (Signature of Principal/Delegate) __/__/__ (date)			

## DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: \_\_\_\_\_

Name of person enrolling child:

Title: \_\_\_\_\_ 1<sup>st</sup> Name: \_\_\_\_\_ 2<sup>nd</sup> Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*(Independent Minors and those aged 18 years or older may apply on their own behalf)*

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.*

*NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.*